(Name, Address,	Phone Number)		
		<del>-</del> -	
IN THE W	ORKERS' COMPENSATION ( Petitioner	COURT	OF THE STATE OF MONTANA
vs.	Petitioner	) ) )	WCC No  PETITION FOR HEARING (INJURY)
	Respondent/Insurer.	,,/	(
As set forth i	n ARM 24.5.301 petitioner al	leges:	
1. That or of and in the	n, pet e course of her/his employm	itioner si ent with	uffered an industrial injury arising out County,
Montana. Pet	titioner injured her/his		
		employe	was enrolled under Compensation sation Act and its insurer is
	ute exists between the parties ages if necessary.)	. Explaii	n in detail the nature of the dispute.
	ner has exchanged all available andent and will continue to do s	•	t medical records relating to the injury
5. Check	the appropriate paragraph bel	ow:	
1	to do so, and therefore a disp Court. (For injuries occurring before	oute exis	,
	The mediation procedure set for the complied with. (For injuries		ne Workers' Compensation Act has on or after July 1, 1987.)

	viduals who are potential witnesses for petitioner in this
matter: Name and Address	General Subject Matter of Testimony
* 7. The following is a list of w introduced as evidence by petition	ritten documents relating to this case which may be ner:
WHEREFORE, petitioner respectf following relief be granted. (Explain	ully prays that this petition be set for hearing and that then what you want the Court to decide.)
1)	
2)	
3)	
<b>DATED</b> this day of _	, 200
	Petitioner

<sup>\*</sup> If additional space is needed, please attach sheet to this PETITION FOR HEARING.